

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10663288**

FILING DATE **09-15-03**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5	X	X				
6						
7						
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50						
TOTAL IND.	1					
TOTAL DEP.	12					
TOTAL CLAIMS	13					

	IND		DEP		IND		DEP		IND		DEP	
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